

DATE: June 5, 2006

### CRITERIA FOR PRIOR AUTHORIZATION

Appropriate NDC Code  
(Item or Procedure Here)

Actiq® (fentanyl citrate)  
(Item or Procedure Here)

**PROVIDER GROUP:** Pharmacy

**MANUAL GUIDELINES:** The following drug requires prior authorization:  
Actiq®

**CRITERIA:** (must meet all of the following)

1. Must be prescribed by Oncologist or pain specialist who are knowledgeable of and skilled in the use of Schedule II opioids to treat cancer pain.
2. Patient must have a diagnosis of malignant cancer.
3. Patient must be at least 16 years old.
4. Patient must already be receiving opioid therapy and considered opioid tolerant (defined as taking at least 60 mg morphine/day, 50mcg transdermal fentanyl/hour, or an equianalgesic dose of another opioid for a week or longer).
5. Quantity limit of 4 units per day.

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Drug Utilization Review Committee Director

Date \_\_\_\_\_

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Pharmacy Program Manager,  
Division of Health Policy and Finance

Date \_\_\_\_\_